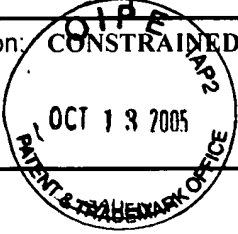
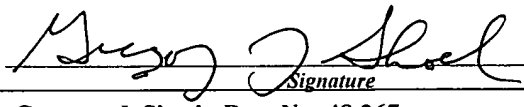


AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 26858	
Applicant(s): MCQUEEN, David A. et al.						
Application No. 09/239,870	Filing Date January 29, 1999	Examiner LANDREM, Kamrin R.	Customer No. 23589	Group Art Unit 3738	Confirmation No. 6638	
Invention: CONSTRAINED ACETABULAR INSERT FOR TOTAL HIP ARTHROPLASTY						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	18 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0522 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Gregory J. Skoch, Reg. No. 48,267 HOVEY WILLIAMS LLP 2405 Grand Boulevard, Suite 400 Kansas City, Missouri 64108-2519 816/474-9050			Dated: October 13, 2005			
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

MCQUEEN, David A. et al.

Serial No. : 09/239,870

Filed: January 29, 1999

CONSTRAINED ACETABULAR INSERT
FOR TOTAL HIP ARTHROPLASTY

Docket No. 26858

Conf. No. 6638

Group Art Unit No. 3738

Examiner: LANDREM, KAMRIN R

Assistant Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

AMENDMENT

In response to the office action dated April 13, 2005, amendment and reconsideration of the above application is requested.

Amendments to the Claims being on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.